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U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Memorandum

Subject: Reimbursement Prior to Recall Rule

Date: OCT 23 2002

From: Andrew DiMarsico *AD*
Trial Attorney, Office of Chief Counsel, NHTSA

Reply to
Attn. of:

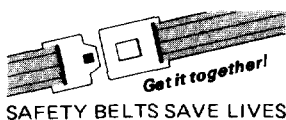
To: Docket NHTSA-2001-11107 -16

Please place this in the docket as "Reimbursement plan that Mazda mailed to owners during a recent campaign," referred to at 67 FR 64061.

#

Attachment

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REIMBURSEMENT PLAN

I. Requirements for Reimbursement

If you meet all the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a subject vehicle (1999-2000 Model Year Protegé with a 1.6L engine) within the following VIN range and production dates: JM1BJ22** *0 100001– JM1BJ22** *0 300995 and built from July 1, 1998 – August 1, 2000.
2. *You have paid* for repair to the Mass Airflow Sensor due to a defect in material or workmanship.
3. The repair mileage was 70,000 miles or less.
4. The repair was performed before March 2002.
5. You have an original or legible copy of the paid repair order or invoice showing:
 - Description of the concern reported
 - Replacement of the Mass Airflow Sensor on the subject vehicle
 - Itemized parts and labor charges
 - Vehicle model and year, and vehicle identification number (VIN)
 - Repair date
 - Repair mileage
 - Name, address and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
 - *Your name* and address at the time of repair
6. Mail this reimbursement application form in the enclosed envelope **before March 2003** to:

Mazda North American Operations
P.O. Box 5049
Lake Forest, CA 92609-8549

II. Procedure for Reimbursement Request

If you wish to apply for reimbursement under this plan, please:

1. Complete the reimbursement application form clearly.
2. Mail this application with a legible copy of the paid repair order or invoice.
3. **Retain copies** of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your Vehicle Identification Number (VIN). Any reimbursement application form that is incomplete, illegible or sent without the legible copy of the paid repair order (invoice) will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted.

(SEE REVERSE SIDE FOR REIMBURSEMENT APPLICATION FORM)